

Name  
in  
Full

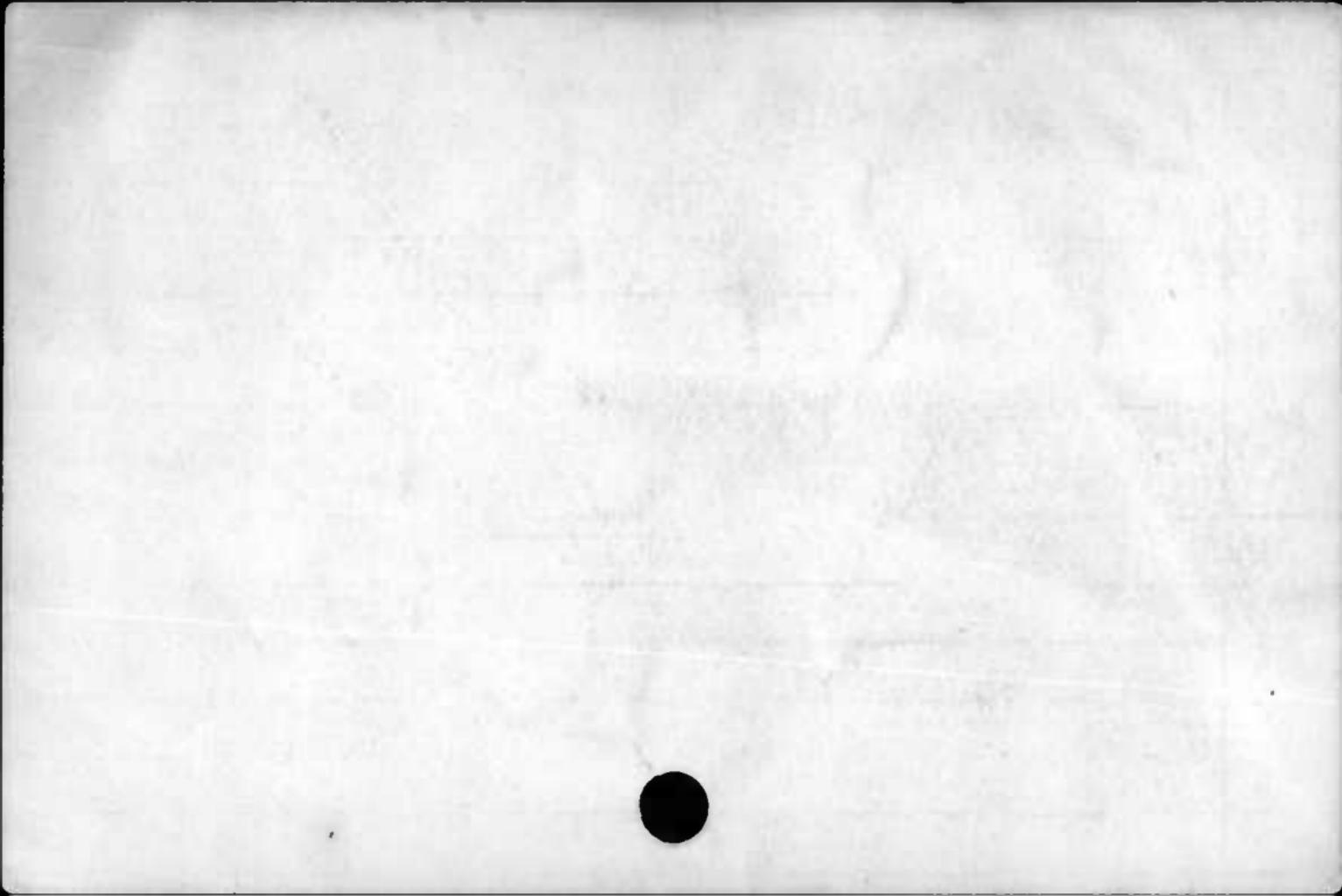
Kelson Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Tunchtown	Cecil		
Date of death	Month	Day	Years	Months Days
1907	March	21	40?	-
Sex	male	Color or Race	white	Birth-place
Occupation	Norway			
Bridge worker		Where Residing if not at place of death	Harp, Oregon, Md	
Married, Single or Widowed	married	Name of Wife	Maren Anderson	
Father's Name	Kiel Anderson			
Mother's Maiden Name	Elisabeth Isachsen			
Name of person giving information	John T. Kelley			
CAUSES OF DEATH				
Primary	Falling from bridge work on Bay & Rail Road			
Immediate				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	(166) How long	
		Address	How long	
Accident or Suicide?	Ruckelton Anderson Spouse of Cecil County Eaton, Maryland			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Elijah Ann Brickley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town Died at	Chesapeake M.E. Church near downtown D.C.	County	MARYLAND
Date of death	Month 1907 March	Day 31	Years 63
Sex	Female	Color or Race	White
Occupation	Housekeeping on a farm		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Where Residing if not at place of death
Father's Name	James McCall	Theo. Brickley	Father's Birthplace
Mother's Maiden Name	Elizabeth Anson	Father's Birthplace	Mother's Birthplace
Name of person giving Information	Minnie B. Williams	How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

64

How long

Turny morn

Immediate

Cerebral Hemorrhage

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

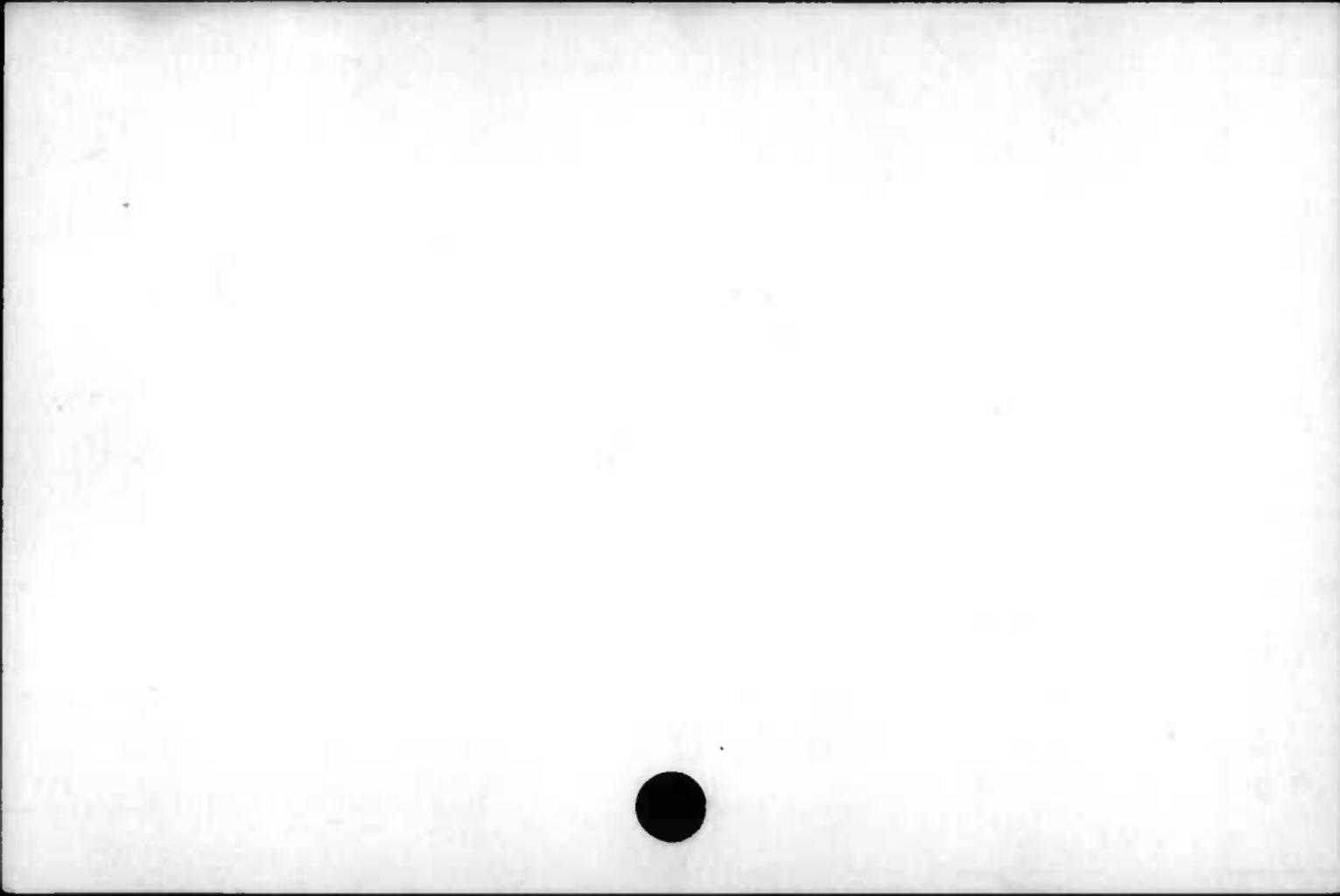
Signature of  
Physician

J B Stein

Address

Riverview  
Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Died at	Middlebrook	local			
Date of death	Month	Day	Age	Years	Months Days
1907	March	16	77	77	2 0
Sex	Male	Color or Race	American		
Occupation	Turner				
Married, Single or Widowed	Where Residing if not at place of death				
Father's Name	not known				
Mother's Maiden Name	not known				
Name of person giving information	Henry Steff				
CAUSES OF DEATH					
Primary	Hypertrophy of heart				
Immediate	Exhaustion				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		How long	
yes		J J Hough		6 months	
		Address		48 hours	
		Harvard Md			

PHYSICIAN  
OR CORONER

Accident or Suicide?

no



Name  
in  
Full

Iseral R. Dean

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single, or Widowed	Name of Wife or Husband	Minerva A. Dean			
Father's Name	Moses S. Dean	Father's Birthplace Elston			
Mother's Maiden Name	Julia A. Alexander	Mother's Birthplace Delaware			
Name of person giving Information	Minerva A. Dean	How related to deceased wife			

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary

Albununioia

Immediate

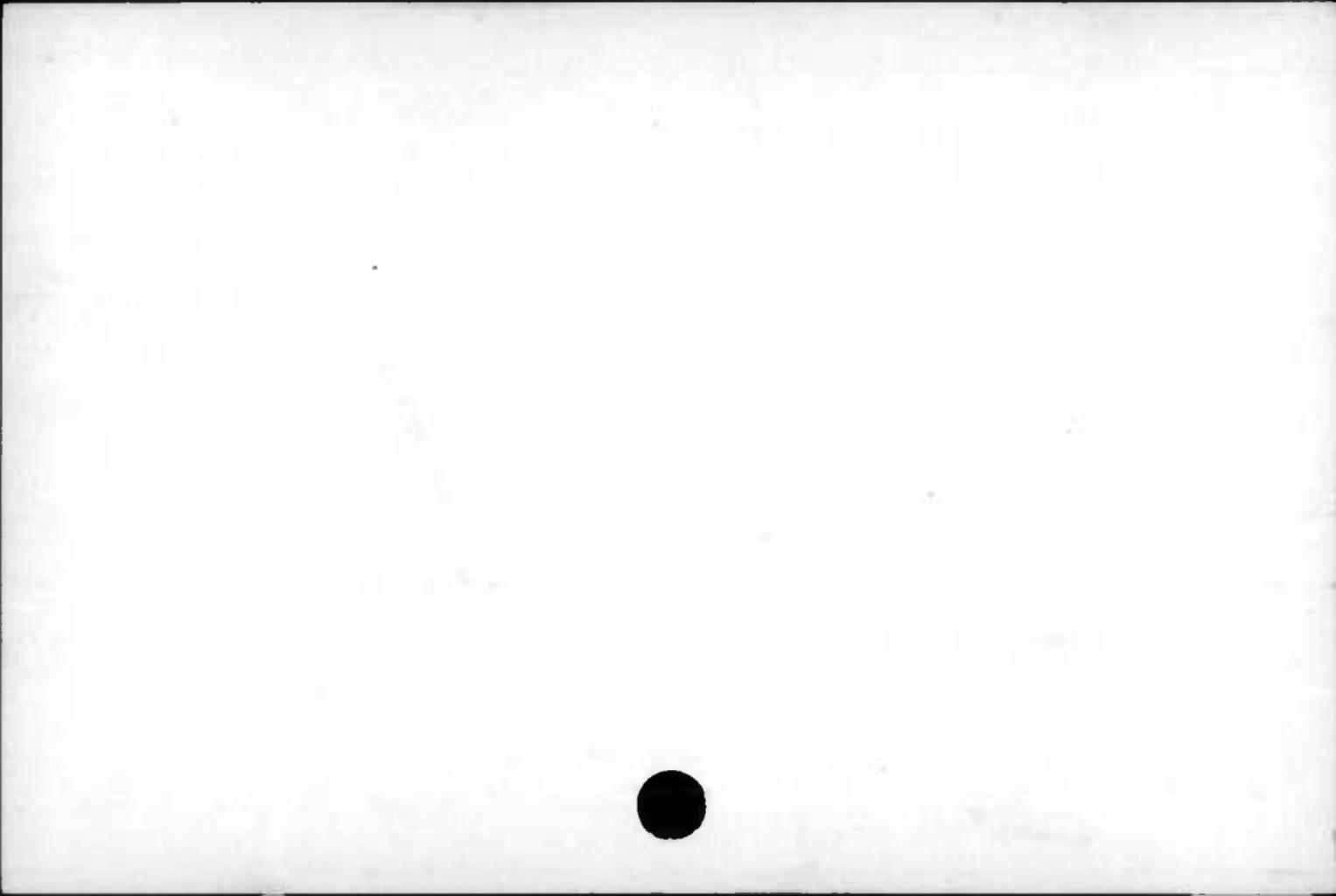
Apoplefy

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

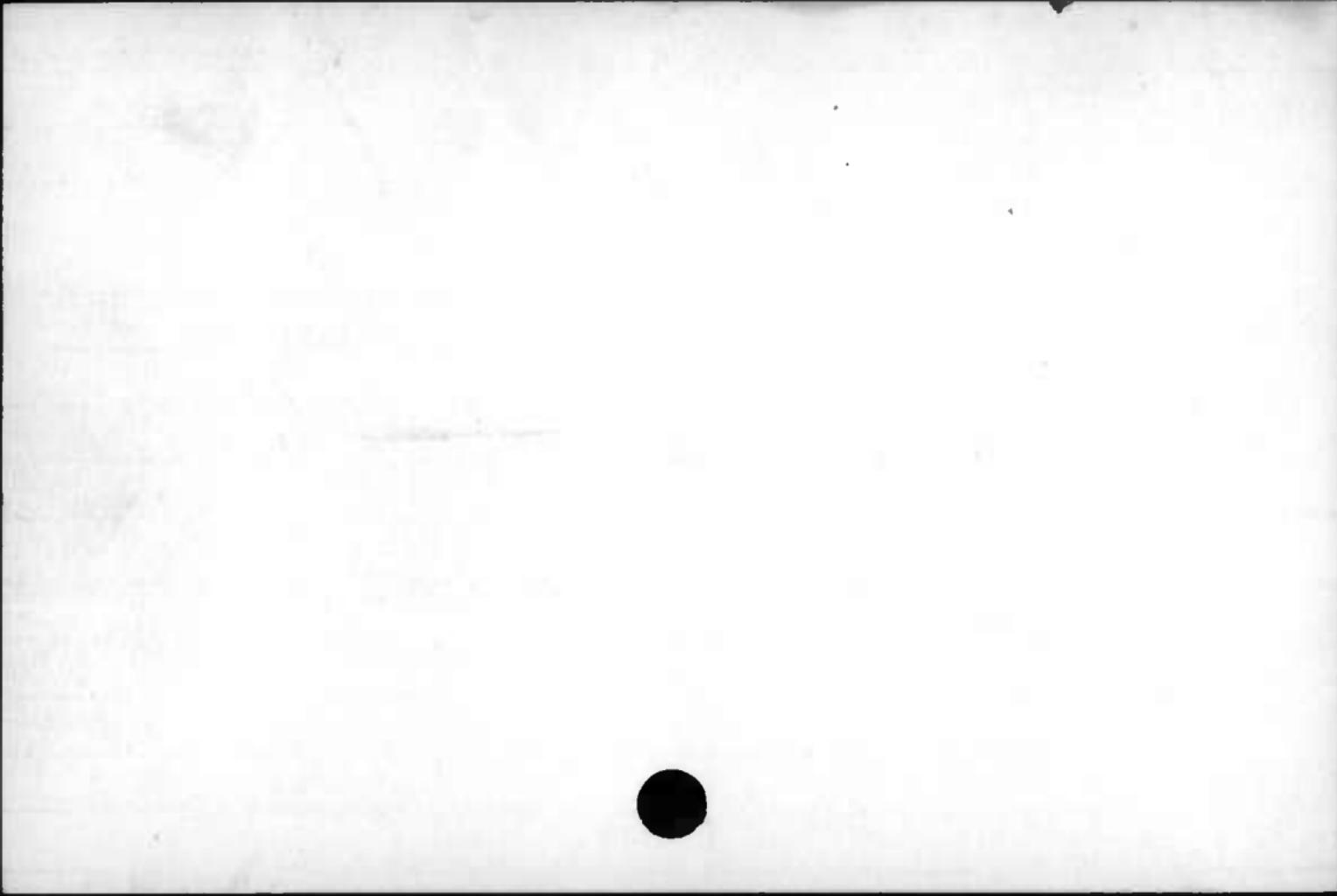
TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Birthplace		
Occupation	Schoolboy	Baltimore Md	New Haven Conn		
Married, Single or Widowed	Single	Name of Wife or Husband	Father's Birthplace	New Haven Conn	
Father's Name	Peter Dunn	Grace Dunn	Mother's Birthplace	Conn	
Mother's Maiden Name	Grace Dunn	Peter Dunn	How related to deceased	Father	
Name of person giving information			166		
CAUSES OF DEATH					
Primary	Killed by son of the				
Immediate	P.B. & Ft. Rail Road.				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Ricketts Johnson		
		Address	Corona of Cecil Co Elkton, Md		

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Sisaw F. Francis

CERTIFICATE OF DEATH

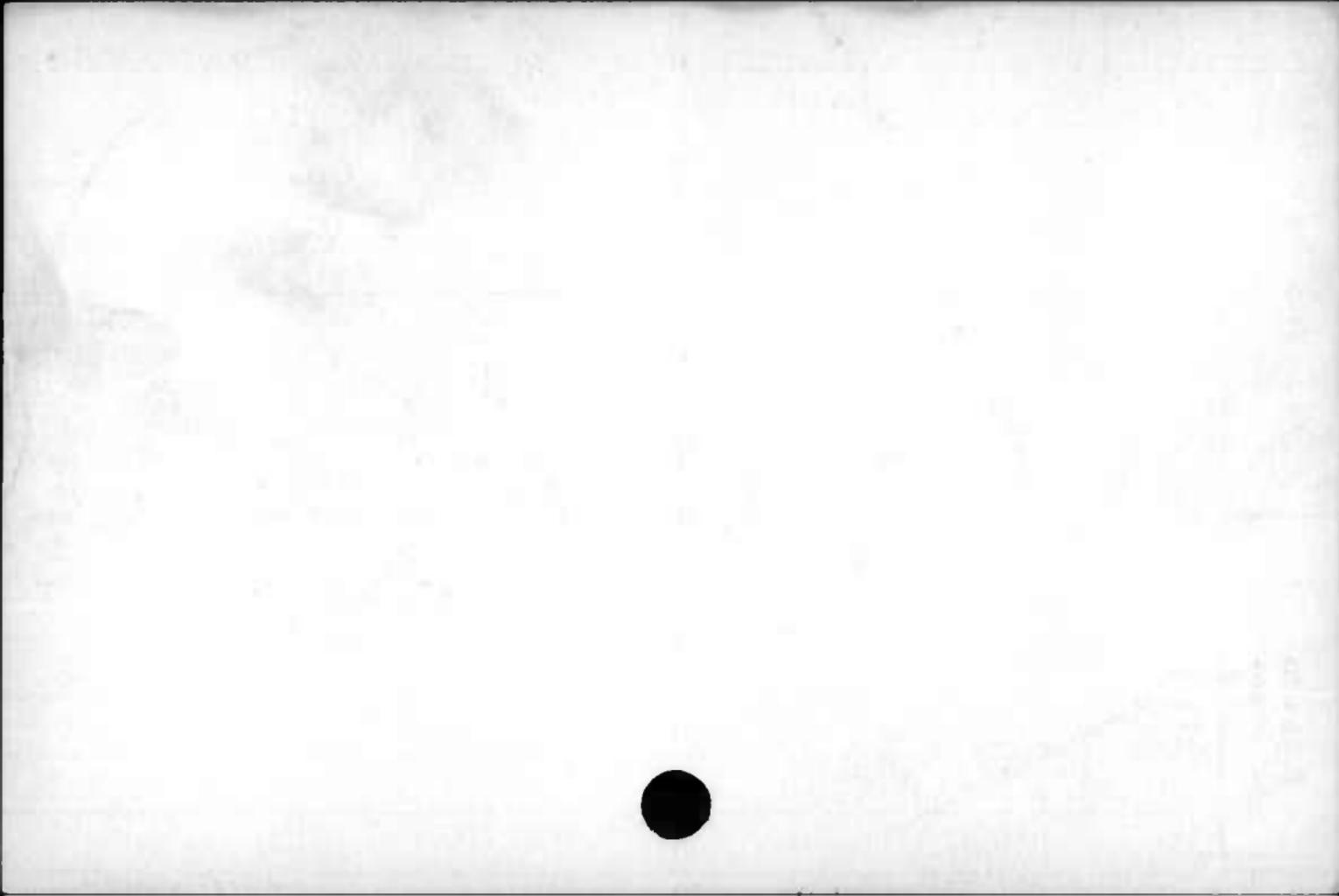
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cecilton	Cecil	Months	Days	
Date of death	1907	Month	Day	Years	
Sex	Female	Color or Race	Black	Birth-Place	Cecil Co. Md.
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Thomas J. Francis	Father's Birthplace	Cecil Co. Md.
Father's Name	John Dayard			Mother's Birthplace	Cecil Co. Md.
Mother's Maiden Name	Mary E. Coffie			How related to deceased	Husband
Name of person giving Information	Thomas J. Francis				

CAUSES OF DEATH

82

Primary	Embolism cerebral artery	How long	24 Hours
Immediate	u	How long	u u
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	E. W. Bradford 966	
	Address	Lewistown Md	
Accident or Suicide?		✓	



Name  
in  
Full

James Rowland Hammond

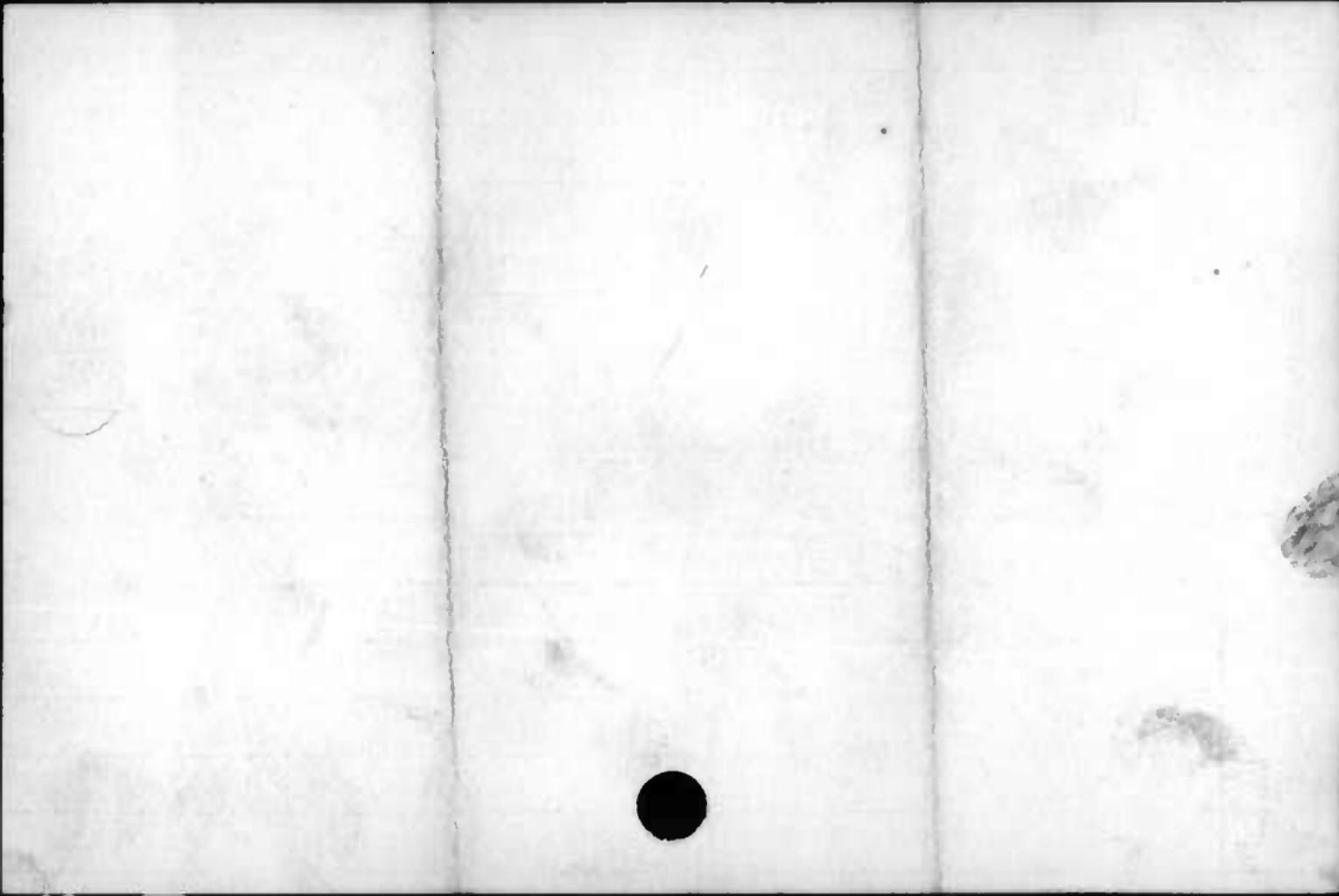
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Eder	Cecil	
Date of death	1907 Mar	Month	Day
Age	72	Years	6
Sex	Male	Color or Race	white
Occupation		Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Unknown	Father's Birthplace	Ashburn
Mother's Maiden Name	Ellen Hammond	Mother's Birthplace	Cecil Co.
Name of person giving information	Mary Hammond	How related to deceased	Grand mother
CAUSES OF DEATH			
Primary	Opium Poison	175	How long
Immediate			How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month 3 <sup>rd</sup>	Day 22	Age 69	Years	Months Days
Sex	Hula	Color or Race	White	Birthplace	D.C.	
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Joshua Jackson		Father's Birthplace	D.C.		
Mother's Maiden Name	Jane Farmer		Mother's Birthplace	D.C.		
Name of person giving information	Sarah Jackson		How related to deceased	Sister		

CAUSES OF DEATH

79

Primary	Valvular Dis of Heart + angina pectoris	How long	5 or 6 yrs
Immediate	Expansion	How long	?

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

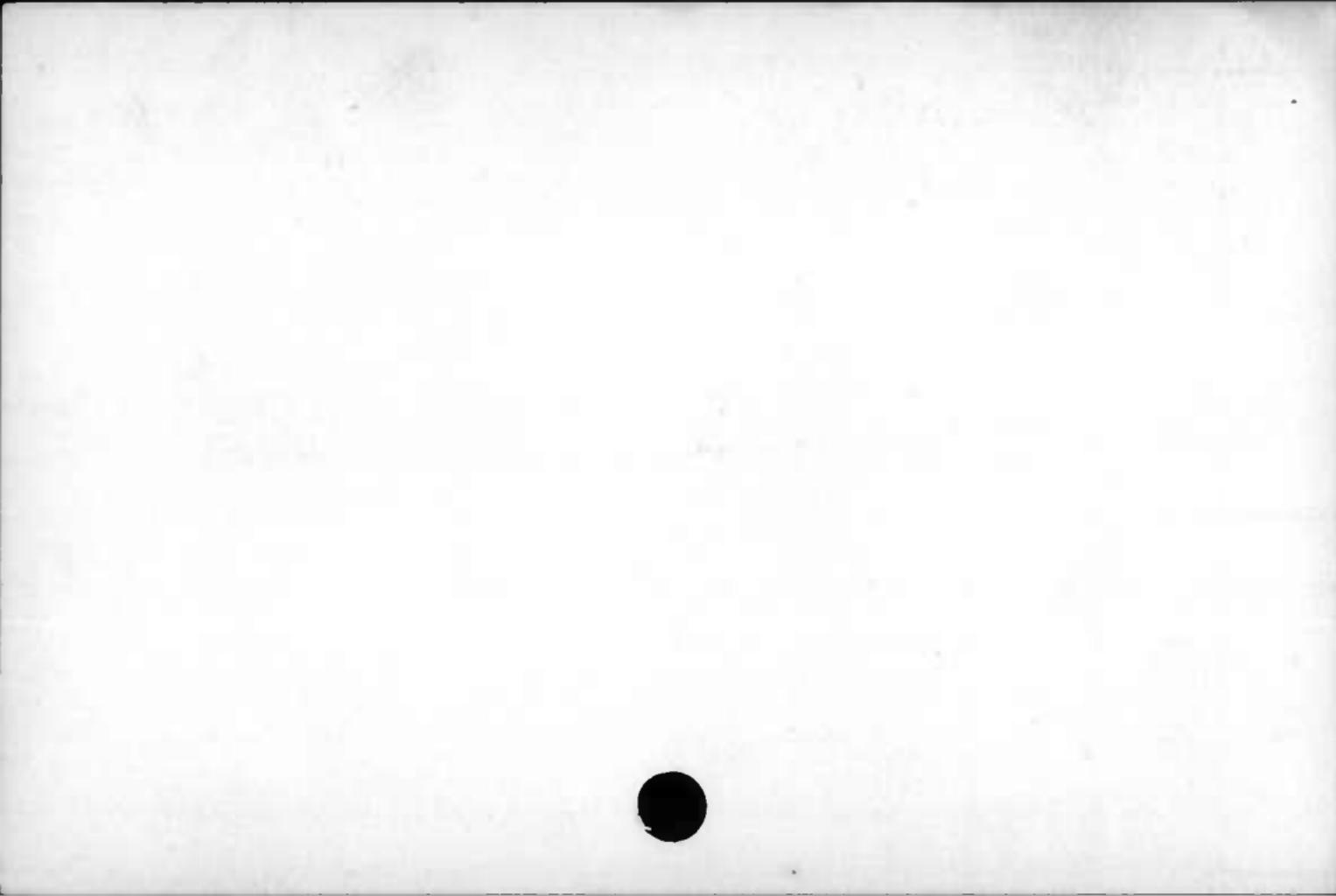
Howard Braden

Except age 64.

Address

Elgin Md

Accident or Suicide?



Name  
in  
Full

Isabella McCullough Lofland

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	White	Principio, Md.		
Occupation	Where Residing if not at place of death			Liberty Grose.	
Married, Single or Widowed	Name of Wife or Husband	Henry J. Lofland			
Father's Name				Father's Birthplace	Principio Md.
Mother's Maiden Name	Elijah Evans	Mother's Birthplace			Unicorn, Pa.
Name of person giving Information	Wm J. Patten	How related to deceased			Brother.

CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary

Catarrhal Pneumonia

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

YES

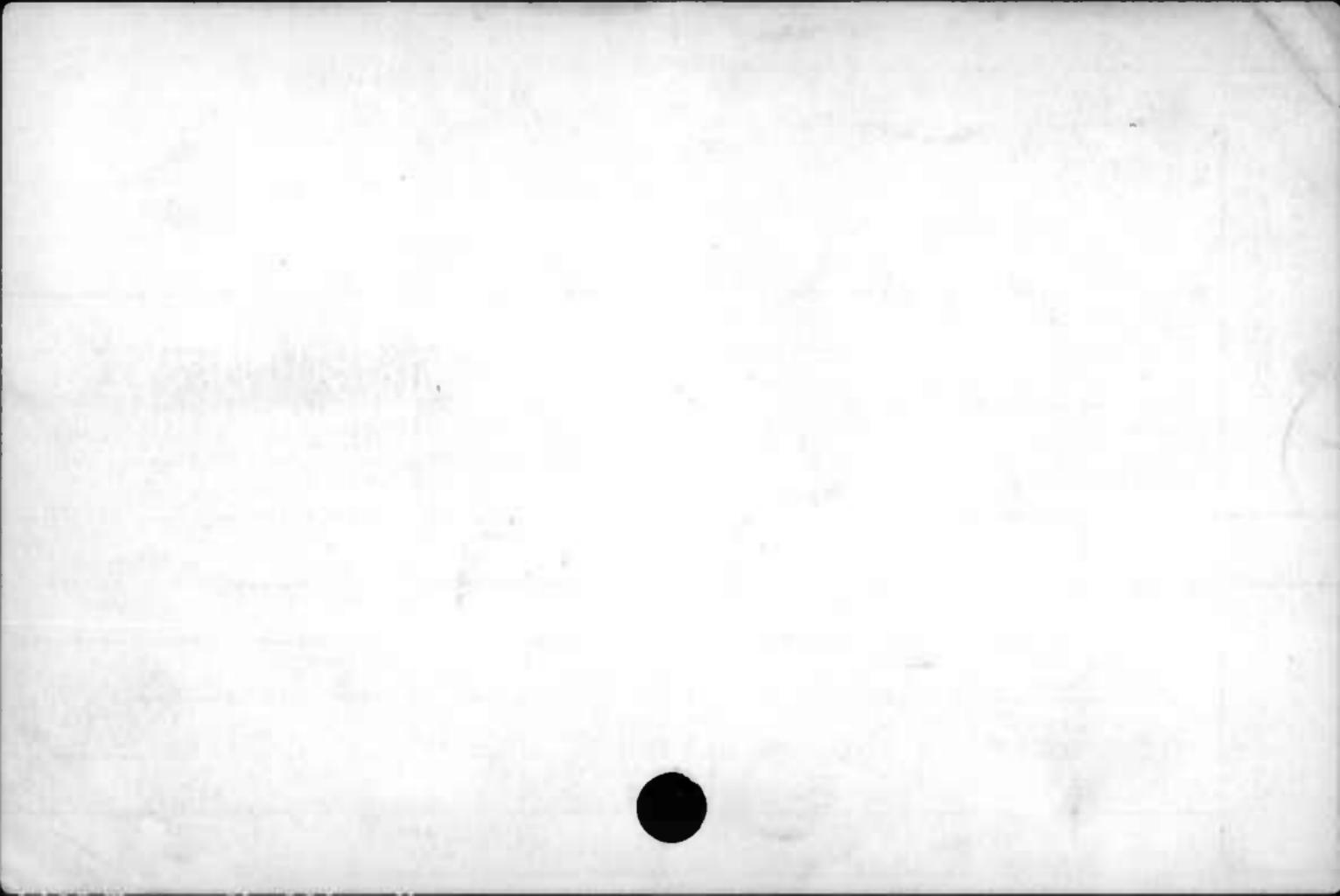
Signature of Physician

Ernest Rowland

Address

Liberty Grose Md

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	male	Color or Race	White	Birth-place	Ireland.	
Occupation	Laborer.			Where Residing if not at place of death	Alrushouse	
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Do not know			Father's Birthplace	Do not know	
Mother's Maiden Name	"	"	"	Mother's Birthplace	"	
Name of person giving Information	John Mahoney			How related to deceased	No relation	

## CAUSES OF DEATH

Primary

Heart-Failure

179

How long

2 days

Immediate

"

"

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

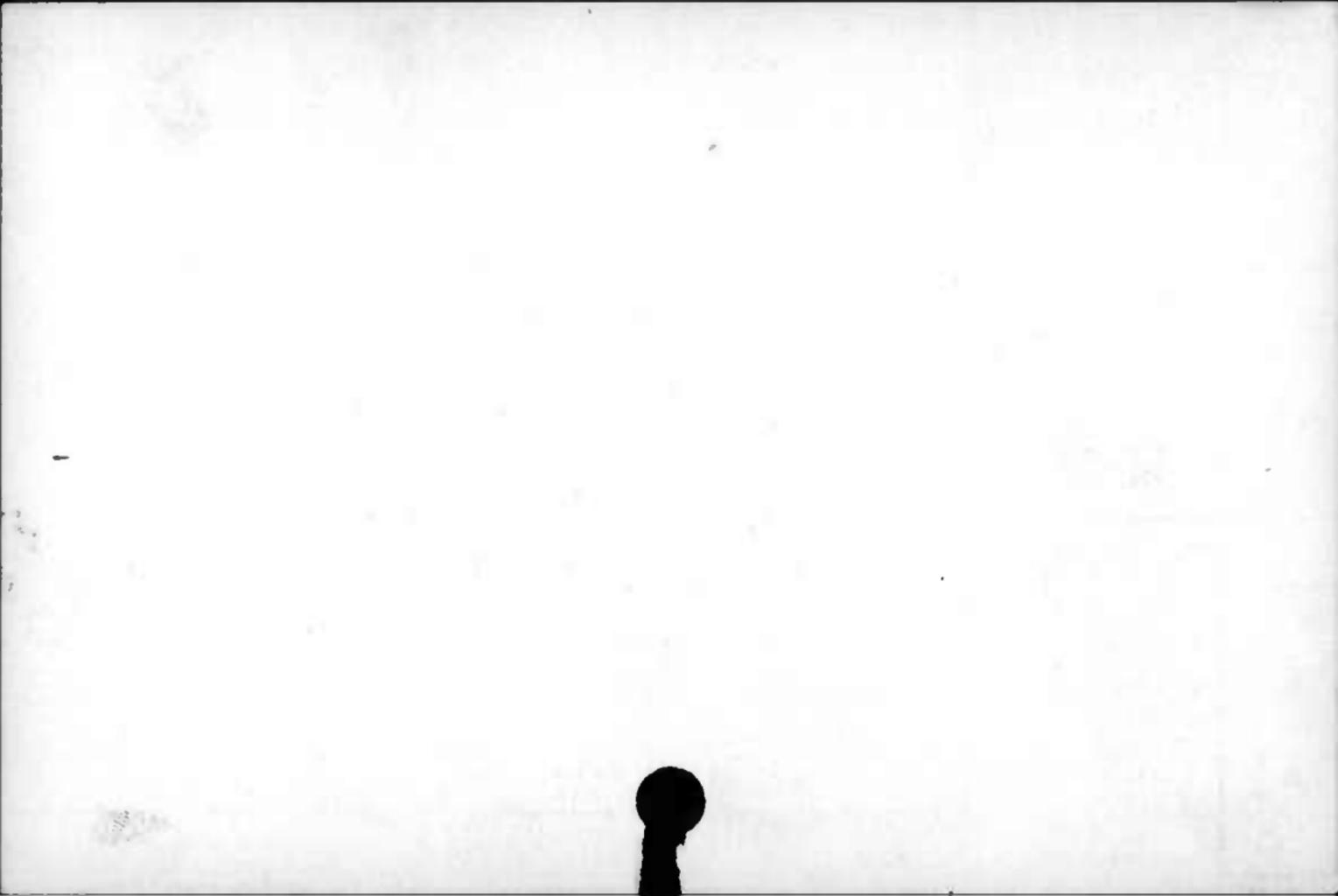
Address

Chas. F. Miller

North East

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Eliza Jane Lutton

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Cherry Hill	Town	County	Cecil 3rd Dist MARYLAND	
Date of death	1907 March	Month	Day	Years	Months Days
Sex	female	Color or Race	white	Birth-place	Cecil Co., Md
Occupation	Wife House	Where Residing if not at place of death			
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Ebenezer Lutton	Father's Birthplace	Maryland		
Mother's Maiden Name	Eliza Ferguson Lutton	Mother's Birthplace	Maryland		
Name of person giving information	Leah McLane	How related to deceased	sister		

CAUSES OF DEATH

179

How long

How long

PHYSICIAN  
OR CORONER

Primary  
Heart Failure due from  
natural cause

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Licketta Wilson

Coroner of Cecil County  
Elkton, Md.

Accident or Suicide?

KL 1

Name  
in  
Full

John Alfred Mackie

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	near Elkinsville	Cecil	Month	Years	Days
Date of death	1907	3	29	Age	68
Sex	Male	Color or Race	White		
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife	Mary A. Mackie	
Father's Name	John Mackie		Husband	Father's Birthplace	Md.
Mother's Maiden Name	Catherine Andrews			Mother's Birthplace	Mississippi
Name of person giving information	Dr. Mackie			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

(93)

How long

5 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

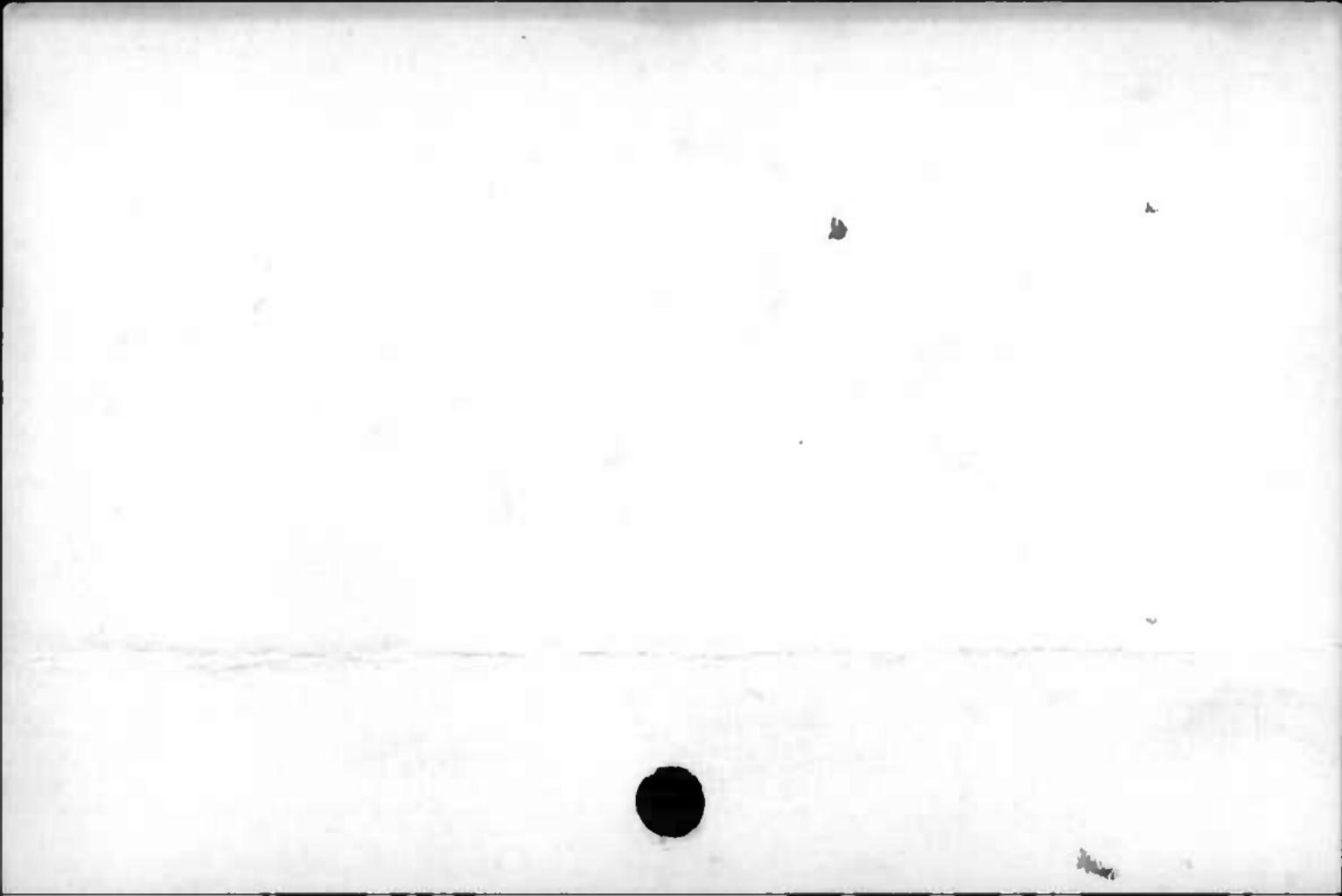
Yes

Signature of Physician

Address

David Mackey  
Oxford Rd

Accident or Suicide?



Name  
in  
Full

Mary A. Milliken

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <u>Cecilton</u>	County <u>Cecil</u>	MARYLAND		
Date of death	Month <u>1907</u>	Day <u>3</u>	Age <u>82</u>	Years	Months
Sex	Female	Color or Race	White	Birth- place	Days
Occupation	<u>Retired</u>				
Married, Single or Widowed	Widowed	Name of Wife or Husband	Where Residing if not at place of death		
Father's Name	<u>Peter Horn</u>				
Mother's Maiden Name	<u>Sarah Young</u>				
Name of person giving Information	<u>Lodie Milliken</u>				

CAUSES OF DEATH

(118)

How long

for days

How long

1

PHYSICIAN  
OR CORONER

Primary

Typhilitis

Immediate

"

Are the name, age, sex, color, date  
and place correctly given above?

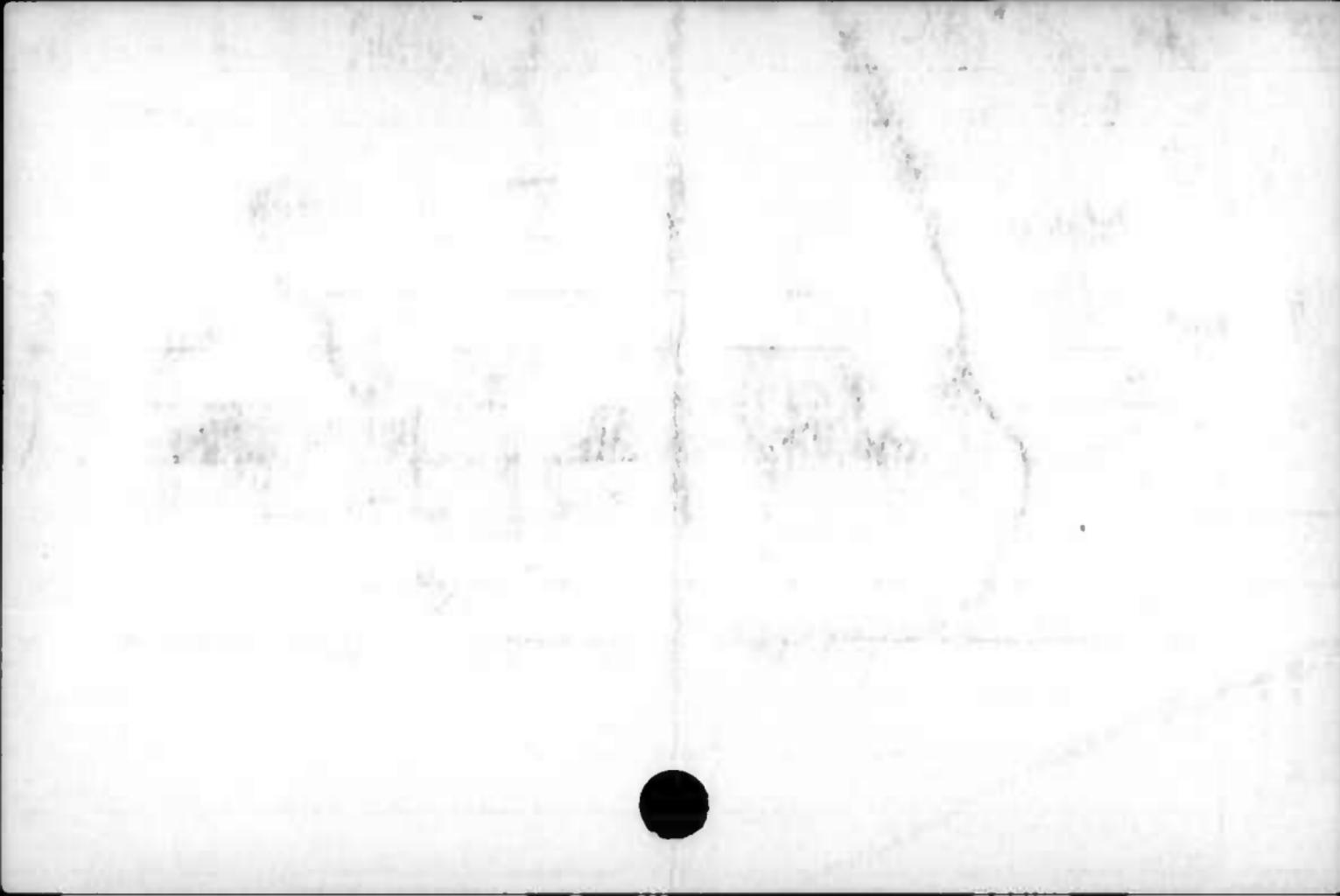
Signature of  
Physician

E. N. Crawford

Address

Cecilton

Accident or Suicide?



Name  
in  
Full

Annie Patchee

- 4 West -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Wm J. Patchee	Father's Birthplace	Del
Mother's Maiden Name	Sarah Marcell	Mother's Birthplace	Del
Name of person giving information	Wm J Patchee	How related to deceased	Father
CAUSES OF DEATH			
Primary	Consumption		
Immediate	Exhaustion		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm J Cowley
		Address	Eaton Md
How long	27		
How long			

PHYSICIAN  
OR CORONER

Accident or Suicide?

173

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

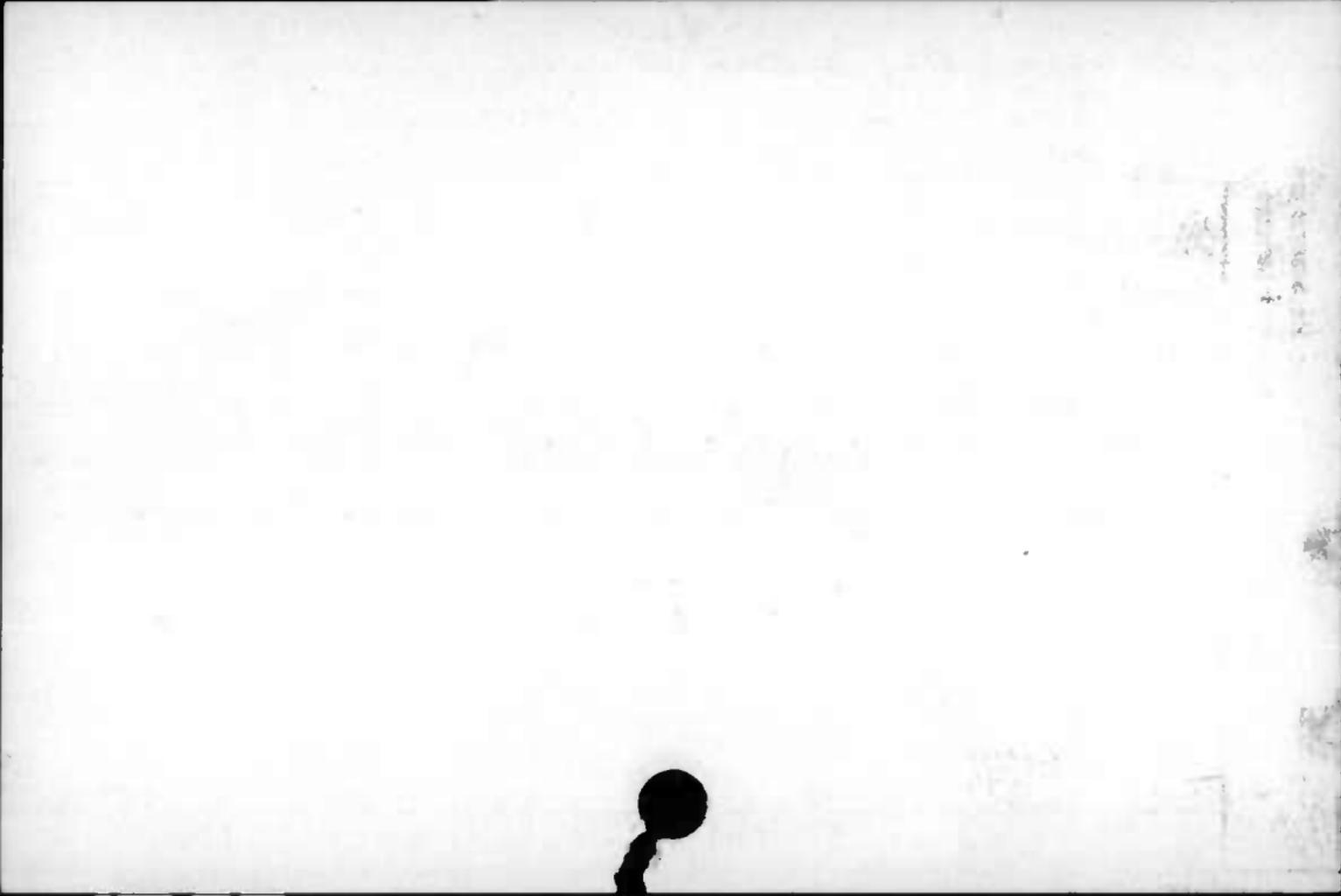
MARYLAND

Died at <u>North</u>		Town	<u>Baltimore</u>		County		
Date of death <u>1907</u>	Month <u>J</u>	Day <u>17</u>	Age <u>50</u>	Xears	Months	Days	
Sex <u>Female</u>	Color or Race <u>white</u>			Birth place <u>northeast</u>			
Occupation <u>Housekeeper</u>				Where Residing if not at place of death			
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Thomas L Phillips</u>				Father's Birthplace <u>Baltimore</u>		
Father's Name <u>William L Phillips</u>				Mother's Birthplace <u>Lewisville</u>			
Mother's Maiden Name <u>Sarah Locane</u>							
Name of person giving Information <u>Thomas L Phillips</u>				How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Heart disease</u>	(79)	How long <u>6 months</u>
Immediate	<u>Trauma</u>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>L F Hammock</u>	
		Address <u>North East</u>	
Accident or Suicide?			



Name  
In  
Full

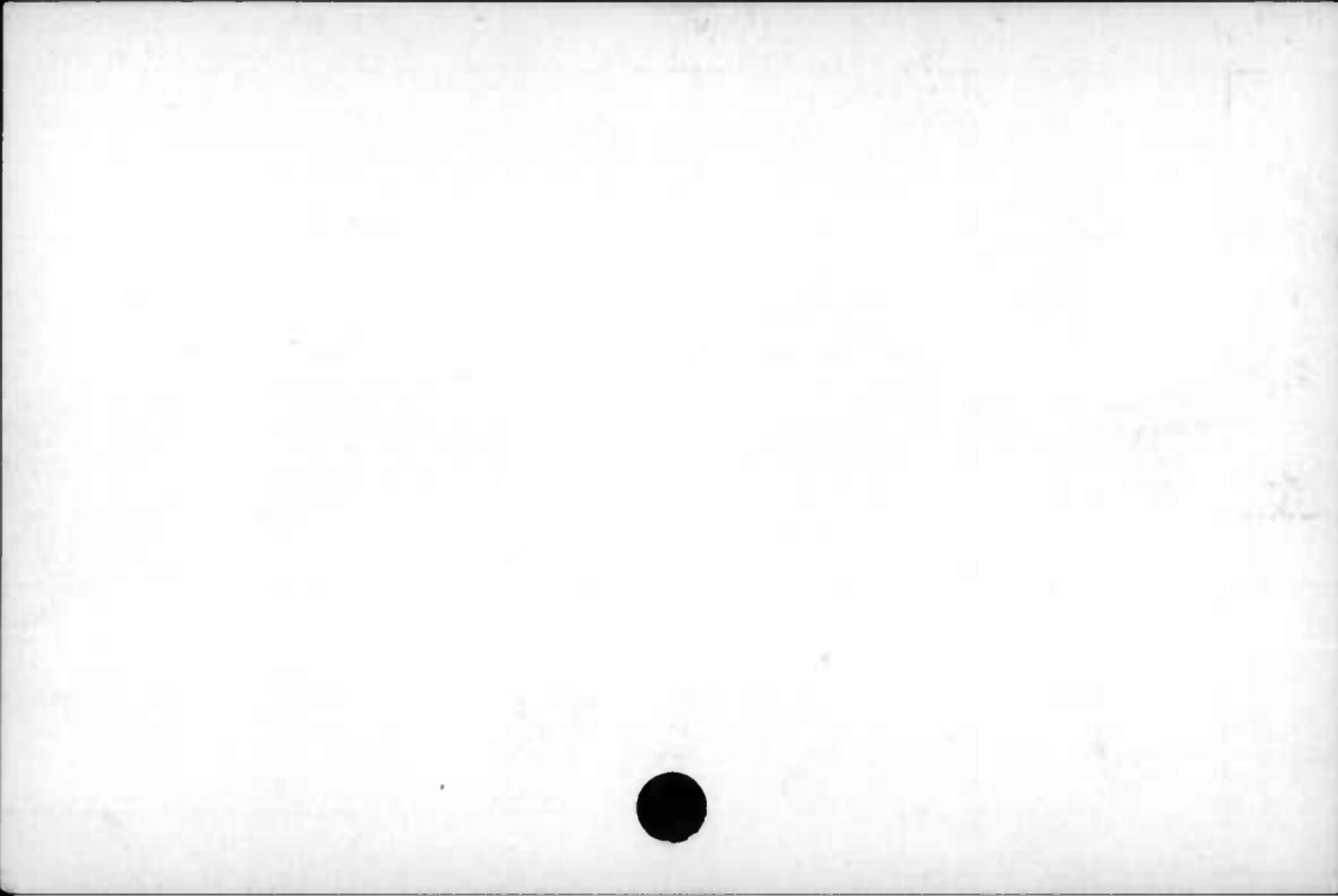
Emily M. Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Thomas Smith		
Father's Name	Not known			
Mother's Maiden Name	Not known			
Name of person giving information	Daughter			
CAUSES OF DEATH				
Primary	Valvular Heart disease			
Immediate	79 years			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long	
Address		Geo. W. Lump		
Accident or Suicide?		Perryville MD.		

PHYSICIAN  
OR CORONER



Name  
in  
Full

None Infant - ~~Shmit~~ 8th dec  
Town County

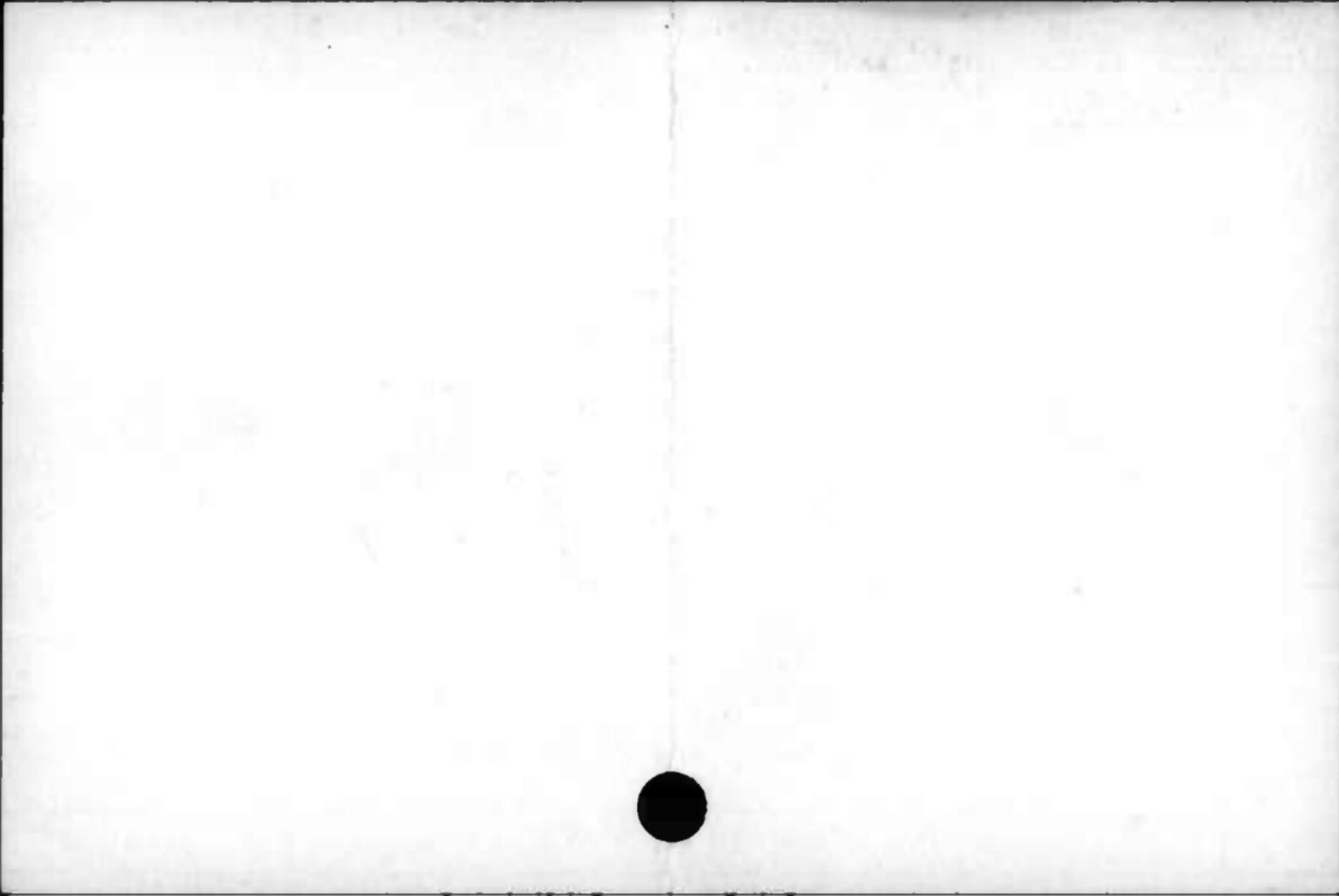
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Pilot		Town	County	MARYLAND	
Date of death	1907	Month Mar	Day 6	Age	Months	Days
Sex	Female		Color or Race	White	Birth-place	Pilot 3rd
Occupation	Where Residing if not at place of death					Same
Married, Single or Widowed	W		Name of Wife or Husband			
Father's Name	Wm J. Sprout				Father's Birthplace	8th dec. Cecil Co
Mother's Maiden Name	S. E. McCullough				Mother's Birthplace	Lan Co Pa
Name of person giving Information	S. E. Sprout				How related to deceased	Mother
CAUSES OF DEATH						
Primary						
Immediate	Haemorrhage from Umbilicus few hours					
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. W. Gillespie			
		Address	Pleasant Grove Pa			

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full:

Marella Taylor

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month March	Day 17	Years 14	Months	Days 17
Sex female	Color or Race colored	Where Residing if not at place of death Pardeparis			
Occupation —					
Married, Single or Widowed single	Name of Wife or Husband —	Father's Birthplace Pardeparis			
Father's Name William G. Johnson	Mother's Birthplace Pardeparis				
Mother's Maiden Name Rachel Taylor	How related to deceased Grand				
Name of person giving Information Emma Nelson					

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

short time

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. E. Clemow  
Port Deposit  
Md.

Accident or Suicide?

Rachel Meyer

Name  
in  
Full

William Richard Webster

7/25/1907

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Father's Name	Harford Co				
Mother's Maiden Name	Coast Co				
Name of person giving information	How related to deceased				

Port Deposit      Calvert Co      Father

Single      Colored      Port Deposit

Wife      David E Webster      Harford Co

Marcha Bond      Coast Co

David Webster      Father

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

5 days

Immediate

Hemp Gum

How long

short time

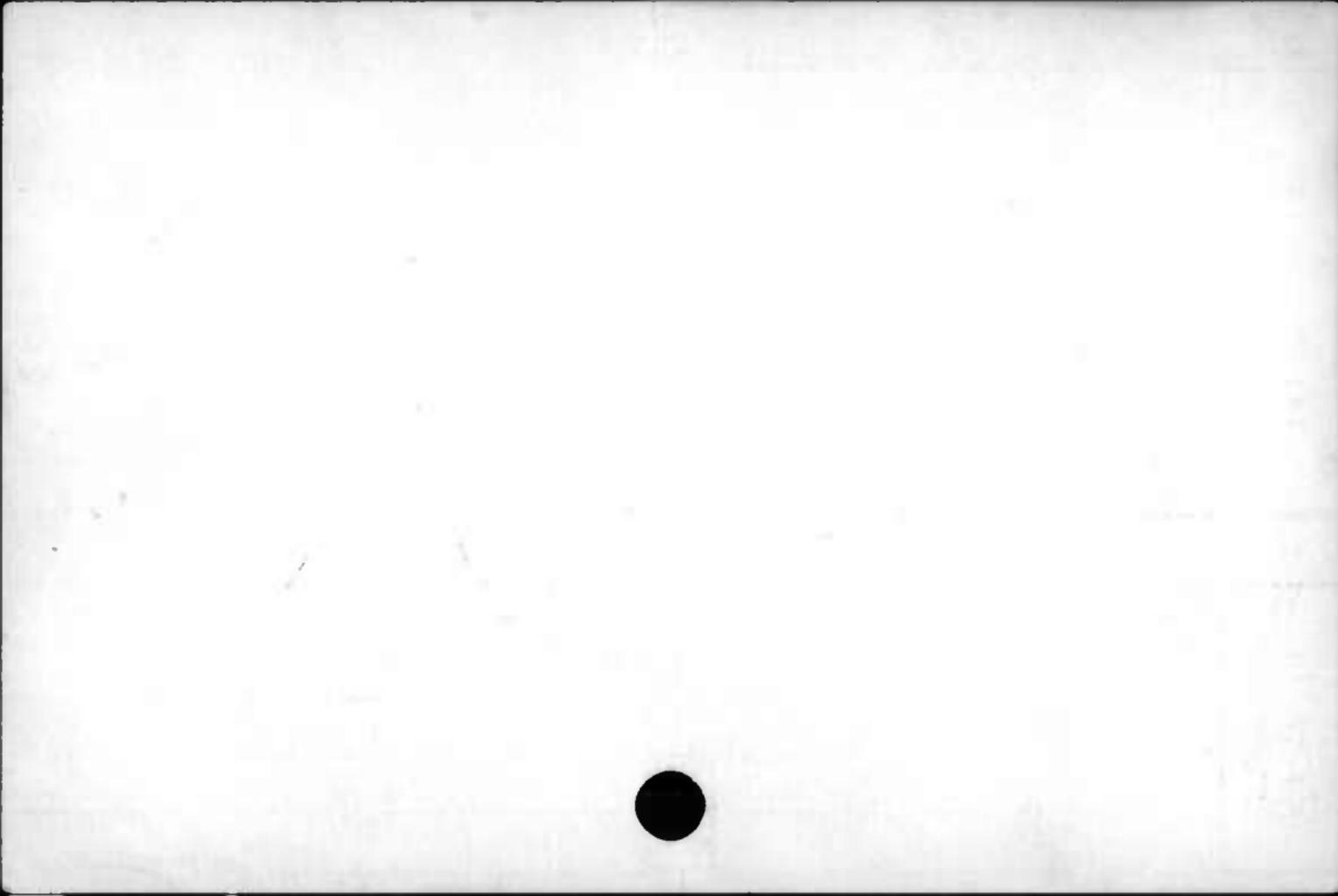
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. E. Clemson  
P. P. S. Hospital  
Ind

Accident or Suicide?



Name  
in  
Full

Savannah Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Eckert	Bevil		Months	Days	
Date of death	Month	Day	Years	Months	Days
1907	3	7	35		
Sex	Female	Color or Race	Black	Birth-place	Eckert
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	George Wilson	Father's Name	Unknown
Father's Name	Unknown		George Wilson	Mother's Birthplace	Unknown
Mother's Maiden Name	Gergie Hogan		George Wilson	How related to deceased	Daughter
Name of person giving information	George Wilson		27	How long	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Consumption	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		Ophelia Lawley Eckert Md

leks

Name  
in  
Full

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Pungoile	Bcal	
Date of death	Month	Day	Years
1907	March	13	Age 25?
Sex	male	Color or Race	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wifor Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

CAUSES OF DEATH

166

How long

PHYSICIAN  
OR CORONER

Primary

Killed by train on P.B+H.

Immediate

Rail Road

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Ricketts, Nelson

Address

Brown of Cecil Co  
Ecklo, Md.

Accident or Suicide?

Accident

